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ABSTRACT

The booklet describes findings of a 1976 survey of 883 local Association for Retarded Citizens (ARC) units which revealed great diversity in size, scope of operation, and sophistication. The majority of ARCs had 100 or fewer members, no staff, and were located in areas of 50,000 or fewer people. Other majority characteristics included use of planning committees, partial support from United Way campaigns, and newsletter publishing. Approximately one half of the ARC units provided direct services to retarded persons. Relatively few were involved in advocacy efforts, lead poisoning prevention, service accreditation, or program monitoring. Nine major action implications were suggested, including efforts to bolster salary levels for executive directors, the need for increased advocacy and monitoring efforts, and the development of youth ARC programs around the country. (CL)

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M.R. RESEARCH

A SURVEY OF LOCAL MEMBER UNITS

A MONOGRAPH SERIES PUBLISHED BY

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A SURVEY OF LOCAL MEMBER UNITS

In the United States, there are a large number — 1805 at the beginning of 1979 — of local organizations of people drawn together by a common involvement, concern and interest in individuals who are mentally retarded. These local organizations are further committed to support of state level and a national level organization for mentally retarded persons (i.e., the 50 state associations and the National Association for Retarded Citizens).

These different organizational levels parallel, in some respects, the county-state-national political organization of the United States. Just as the federal government is founded on the support structure of the 50 states and many thousands of counties comprising the country, so do the local and state member units of the National Association for Retarded Citizens (NARC) constitute its foundation.

The establishment of NARC in Minneapolis in October of 1950 was seemingly a natural outgrowth of widespread activity among parents and other interested persons throughout the country who had independently organized local self-help groups. According to an early survey, the ARC movement began in the 1930s and had grown by 1951 to include 125 organizations with approximately 13,000 active members. The majority of the groups were found to be isolated local organizations; however, approximately half were associated at least peripherally with other groups or agencies such as parent-teacher associations or residential institutions.

Among early local organizations that became members of NARC, the first was the Council for the Retarded Child in Cuyahoga County, Ohio. This group was organized in 1931 to assist severely retarded children of Cuyahoga County who were ineligible for school placement. Independently, a different type of association (Children's Benevolent League), composed primarily of parents with retarded children in state residential institutions, was formed in the state of Washington in 1936. Another such group, the Welfare League for Retarded Children, was organized in 1939 by the parents of New York State's residential facility at Letchworth Village. These isolated parent associations were joined shortly after World War II by an increasing number of other groups in such states as Massachusetts, New Jersey, Minnesota, Utah, California and Illinois.

The interest of professionals in the field of mental retardation was aroused and given focus at the 1947 convention of the American Association on Mental Deficiency (AAMD). The AAMD again played host to members of parent groups and devoted additional meeting time to the consideration of their problems at

subsequent conventions in Boston in 1948, in New Orleans in 1949, and in Columbus, Ohio, in 1950. The members of parent associations attending the convention at Columbus resolved to hold a national organizing convention the following October at Minneapolis, where representatives of approximately twenty groups from thirteen states took formal action. During the following year, 57 local organizations joined the National Association of Parents and Friends of Retarded Children, which changed its name to the National Association for Retarded Children in 1952. Twenty-one years later, in November 1973, the Association again changed its name to the National Association for Retarded Citizens.

This report presents results of a survey of NARC local member units conducted in 1976. The study was part of a long-term commitment by the Association to investigate characteristics of its membership and member units in order to improve planning and goal setting to better evaluate results of activities relevant to the organization.

Two illustrations of past research in this area demonstrate the potential utility of this type of endeavor. As reported in the *Research Newsletter* (NARC, March 1974), a study of renewals of memberships in a random sample of 146 NARC units provided a conservative turnover estimate of approximately 35 percent. That is, in one year, 35 percent of the people who were members failed to renew their membership in the following year. This was important because membership growth is a fundamental NARC goal. What this turnover rate meant was that many local Associations for Retarded Citizens (ARCs) start their membership drives from a deficit position. They have to make up losses, on the average, of more than a third of their previous year memberships just to maintain parity.

The second illustration comes from a study of 5,316 NARC members who responded to a questionnaire mailed to them. While most of the results of that survey have been reported elsewhere (*M.R. Research Monograph #2: A Survey of NARC Members*, NARC Research Advisory Committee, 1976), one finding not included was that the composition of NARC members has undergone radical changes in the past several years. In the early and middle years of NARC, the Association's members were predominantly parents of retarded children. However, in the last five years parents represented only slightly more than one-third of the people recruited as members. Thus, the membership is becoming increasingly a mixture of parents, professionals and concerned citizens, with parents representing slightly more than half of the total membership at present. These examples illustrate the fact that organizational study can provide challenging and useful information.

In the present study, attention was turned to the basic organizational structure of the Association, the local ARC. In the report which follows, the survey design and methodology will be briefly reviewed and the sample of responding local associations will be described. Then the results and major action implications will be presented.

METHOD

The survey form used in this study was developed over a two-year period, and included modifications based on comments by members of the NARC Research Advisory Committee, NARC staff and state executive directors. Field testing with several local ARC presidents produced further revisions.

In January 1976, a pre-notice postcard was mailed to local association presidents and executive directors, alerting them to the forthcoming survey and asking for their cooperation in replying. A month later, the survey form was mailed to 1761 local units.[1] (A copy of the survey form appears in the appendix of this report.) In May 1976, a follow-up mailing was sent to local units that had not responded. (During the remainder of the year, efforts were expended to obtain a complete set of replies from a subsample of local ARCs. These efforts were, however, not successful.) By the end of 1976, a total of 883 units, or almost exactly half of those sent surveys (50.1 percent) had responded. If the 14 units which by oversight were not sent surveys are included in the total, the percentage of the ARCs in the sample drops to 49.7.

Description of the Sample

One of the major problems with survey data is that the results may be biased by self-selection. That is, those who choose to respond may differ from non-responders. Consequently, the survey results may not be representative of the entire population being studied. With substantial non-responding, it is important to know how responders and non-responders differ. The following discussion reviews differences between responders and non-responders in terms of year of admission to NARC, size of membership and presence of an executive director. These three pieces of information about each local unit were available on file at NARC headquarters. In addition comparisons among NARC regions will be made.

Year of Admission. Responders and non-responders are compared in Table I, where it can be seen that the older units responded more frequently than did newer units. For example, approximately 67 percent of units admitted before 1956 responded while only a little over 40 percent of the units responded that were admitted between 1971 and 1975. It should thus be noted then that the newer units are proportionately under-represented among respondents to the survey.

[1]For reasons unknown, apparently 14 local units were not sent the survey, since official records indicate that at the beginning of 1976 there were 1775 local units.

Table I

Year of Admission to National Association

Year of Admission	Responders No.	%	Non-Responders No.	%	Total No.	%	Percentage Responding by rows
Before 1956	181	20.8	89	10.2	270	15.5	67.0
1956-1960	148	17.0	116	13.3	264	15.1	56.1
1961-1965	131	15.1	129	14.7	260	14.9	50.4
1966-1970	182	20.9	225	25.7	407	23.3	44.7
1971-1975	227	26.1	316	36.1	543	31.1	41.8
TOTAL	869		875		1744		
No Response	14		3		17		

NOTE: Percentage columns may not total to 100.0 due to rounding errors.

It appears that approximately equal numbers of currently active units joined NARC in each of the three time periods depicted up through 1965. The last two five-year periods have witnessed substantial increases in the number of new local units joining NARC. Thus, on the basis of these data the movement would appear healthy to the extent that growth in number of units is an organizational health index.

Membership. Responders and non-responders are compared for size of membership in Table II. Only active units responded to the survey. Nearly 20 percent of non-responding units were inactive, or have not provided membership information to NARC. Table II reveals that responders were under-represented among smaller ARCs (i.e., units with less than 50 members).

Table II

Size of Memberships of Local Associations

Number of Members	Responders No.	%	Non-Responders No.	%	Total No.	%	Percentage Responding by rows
0	0	0.0	168	19.1	168	9.6	0.0
1- 25	104	11.6	159	18.1	263	15.0	39.5
26- 50	135	15.4	148	16.9	283	16.1	47.7
51- 100	201	22.9	172	19.6	373	21.3	53.9
101- 250	265	30.2	175	19.9	440	25.1	60.2
251- 500	109	12.4	40	4.6	149	8.5	73.2
501-1000	46	5.2	11	1.3	57	3.2	80.7
1001-2500	14	1.6	5	.6	19	1.1	73.7
2501-over	3	.3	0	0.0	3	.2	100.0
TOTAL	877		878		1755		
No Response	6		0		6		

NOTE: Percentage columns may not total to 100.0 due to rounding errors.

With one slight exception, there was an increased degree of responding as units became larger.

The average, or mean, size of ARCs was approximately 160 members. The distribution may be described as "bottom heavy," as there were many more small units than there were large units. The number of units beyond 500 members dropped off sharply.

Executive Directors. Table III reveals that units with executive directors (or executive secretary or similar position) responded more frequently (69.1 percent) to the survey than did non-staffed units. Overall, 31.0 percent of the units had executive staff positions.

Table III

Executive Directors

Executive Director or Similar Staff Position	Responders		Non-Responders		Total		Percentage Responding by rows
	No.	%	No.	%	No.	%	
Yes	375	43.1	168	19.1	543	31.0	69.1
No	489	56.1	710	80.9	1199	68.6	40.8
Position Vacant	7	.8	0	0.0	7	.4	
TOTAL	871		878		1749		
No Response	12		0		12		

NOTE: Percentage columns may not total to 100.0 due to rounding errors.

Regional Comparisons. Table IV gives comparisons of percentages of local member units in each of the six NARC regions and the percentage of units responding in each of those regions.

Table IV

Regional Comparisons of Responders and Non-Responders

Region	Total NARC Units by Regions		Responding Units by Regions		Percentage Responding by regions
	No.	%	No.	%	
Northeast	185	10.4	121	13.7	65.4
Southeast	406	22.9	197	21.2	46.1
North Central	645	36.3	312	35.3	48.4
South Central	296	16.7	129	14.6	43.6
Northwest	101	5.7	59	6.7	58.4
Southwest	142	8.0	75	8.5	52.8
TOTAL	1775*		883		

Note: Percentage columns may not total to 100.0 due to rounding errors.

*In this table only the total includes the 1761 units sent surveys and the 14 units not sent survey forms by oversight.

For example, there were 185 ARCs in the NARC Northeast region, comprising 10.4 percent of all NARC local units. Of these,121 units responded and represented 13.7 percent of all respondents. In the last column of the table appears the percentage of local units in each region which responded to the survey. Thus, 65.4 percent of the ARCs in the Northeast region answered the survey. While nearly two-thirds of the Northeast region units responded, less than half of the units responded in the Southeast, North Central, and South Central regions.

RESULTS

The analyses of data obtained in the survey will be reported in three sections: a) Demographic and Organizational Variables; b) Service Variables; and c) Variables Discriminating Between More and Less Successful Units. Throughout these analyses, it will be helpful to remember that over-represented in the data are larger, older units with executive directors. Such associations tend to have more services, larger staffs, and greater organizational sophistication (e.g., using uniform standards of accounting, filing of 990 Reports with the Internal Revenue Service, and having organizational development committees).

Demographic and Organizational Variables

In this section, tabulations of results will be reported on: a) population of ARC service areas; b) ARC staff; c) frequency and size of membership meetings; d) size of boards of directors; e) awards; f) United Fund participation; and g) other organizational and operational variables.

Population of ARC Service Areas

Data on size of areas served by local ARCs appear in Table 1.1.

Table 1.1

Population of Areas Served by Local Associations

Population	No.	%
1000 or less	2	.2
1001-10,000	79	9.8
10,001-50,000	366	45.6
50,001-100,000	139	17.3
100,001-250,000	127	15.8
250,001-500,000	62	7.7
500,001-1,000,000	28	3.5
TOTAL	803	
No Response	80	

NOTE: Percentages may not total to 100.0 due to rounding errors.

Over half (55.6 percent) of the units served populations of 50,000 or less. No units reported serving an area greater than one million persons. This latter fact probably is a reflection of the tendency for several local units to serve different parts of large metropolitan areas.

ARC Staffs

The number of units employing an executive director (or similar position) has already been presented. Data on salary, tenure and experience appear in Tables 1.2-1.4. Table 1.2 reveals that a little under one-third of the ARCs had starting salaries of less than $10,000 per year (31 percent) or $15,000 or more per year (30.7 percent). Almost forty percent (38.3 percent) had starting salaries of between $10,000 and $15,000 per year. The estimated[2] average starting salary using these data was $12,687, while the median salary was in the $10,000-$12,499 range.

Table 1.2

Starting Salary Ranges for Executive Positions

Starting Salary Range for Executive Positions		No.	%
Less than	$ 5,000	60	15.7
$ 5,000	7,499	25	6.6
7,500	9,999	33	8.7
10,000	12,499	80	21.0
12,500	14,999	66	17.3
15,000	17,499	53	13.9
17,500	19,999	27	7.1
20,000	22,499	17	4.5
22,500	24,999	6	1.6
25,000	over	14	3.7
TOTAL		381	
No Response		1	

Note: Percentage columns may not total to 100.0 due to rounding errors.

Tenure. Table 1.3 shows the number of years current executive directors have been employed by their local associations.

Table 1.3

Number of Years Current Executive Director Employed by ARC

Tenure of Current Executive Director (Years)	No.	%
1	90	26.0
2	62	17.9
3	45	13.0
4	37	10.7
5	29	8.4
6	19	5.5
7-10	45	18.5
11-15	14	4.0
16-Over	5	1.4
TOTAL	346	
No Response	36	

Note: Percentage columns may not total to 100.0 due to rounding errors.

[2]Estimated mid-point for bottom salary interval was $3750 and for the top interval was $28,750.

About one-fourth had been employed one year or less, and over half (56 percent) had been employed for three years or less. Less than one-fourth had been employed by the same association for more than five years.

Experience. Table 1.4 shows the number of years of experience (at the time the survey was conducted) of the executive directors in the field of mental retardation.

Table 1.4

Number of Years of Experience Held by Executive Directors in the Field of Mental Retardation

Years of Experience	No.	%
1	22	6.2
2	19	5.4
3	19	5.4
4	29	8.2
5	48	13.6
6-10	99	27.0
11-15	63	17.8
16-20	37	10.5
21-25	10	2.8
26-30	6	1.7
31-35	1	.3
TOTAL	354	
No Response	28	

Note: Percentage columns may not total to 100.0 due to rounding errors.

Approximately one-fourth (25.2 percent) had four or less years experience, while almost one-third (33.1 percent) had more than 10 years experience.

Size of Staff. In Table 1.5 the number of professional and clerical employees is shown for associations with staff.

Table 1.5

Size of Professional and Clerical Staff Among Associations

Size of Staff	Professional		Clerical	
	No.	%	No.	%
1	71	19.1	70	20.5
2	49	13.2	50	14.7
3	30	8.1	32	9.4
4	25	6.7	17	5.0
5	28	7.5	21	6.2
6-10	71	19.1	56	16.4
11-20	45	12.1	50	14.7
21-50	41	11.1	32	9.4
51-75	6	1.3	11	3.2
Over 75	5	1.3	2	.6
TOTAL	368		341	
No Response	14		41	

Note: Percentage columns may not total to 100.0 due to rounding errors.

13

The number of professional and clerical staff members was highly correlated. About half (47.1 percent) of the units with staff had five or fewer professional staff members. Eleven units reported having over fifty professional persons on their staffs. One might expect that there would be relatively fewer non-responding units with a substantial number of staff members because membership, presence of an executive director and age of the unit were all correlated with size of staff, and non-responding units tended to be relatively low on these variables.

Membership Meetings

How often do local units have membership meetings? What is the typical attendance at these meetings? Tables 1.6 and 1.7 provide answers to these questions. In Table 1.6 it may be observed that membership meetings are held quite frequently — **eight or more** times per year in 64 percent of the units.

Table 1.6

Frequency of Membership Meetings

Frequency of Meetings	No.	%
10-12 times/year	348	40.4
8- 9 times/year	207	24.0
6- 7 times/year	109	12.6
3- 5 times/year	152	17.6
Twice a year	18	2.1
Once a year	28	3.2
TOTAL	862	
No Response	21	

Note: Percentage columns may not total to 100.0 due to rounding errors.

In Table 1.7 data appear on attendance at local unit meetings.

Table 1.7

Size of Attendance of Local Unit Membership Meetings

Number of Persons Attending Meetings	No.	%
Less than 10	107	12.4
10-24	423	49.1
25-49	236	27.4
50-74	64	7.4
75-99	23	2.7
Over 100	9	1.0
TOTAL	862	
No Response	21	

Note: Percentage columns may not total to 100.0 due to rounding errors.

Over 60 percent of responding units have, on the average, less than 25 people attending their meetings. Furthermore, 88.9 percent of the responding ARCs indicated that their meetings are ordinarily attended by less than 50 people.

Board of Directors

Table 1.8 shows the distribution of sizes of boards of directors for local member units. Over half (55.1 percent) had eleven or fewer board members, while 11.4 percent had twenty or more members. Examination of correlation coefficients among the variables revealed that size of boards of directors is a very good

Table 1.8

Size of Board of Directors of Local Associations

Board of Directors (Number of Members)	No.	%
0- 5	121	14.9
6- 8	166	20.4
9-11	161	19.8
12-14	114	14.0
15-17	103	12.7
18-20	56	6.9
21-23	31	3.8
24-26	30	3.7
27-29	10	1.2
30-32	13	1.6
33-35	5	.6
Over 35	4	.5
TOTAL	814	
No Response	69	

Note: Percentage columns may not total to 100.0 due to rounding errors.

indicator of organizational effectiveness as measured by the other variables, since it is positively correlated with membership size, attendance, services available and comprehensive delivery systems. This does not, of course, mean that by increasing the size of the board, a local will automatically attain greater organizational effectiveness.

Awards

Two purposes of award programs are to reward meritorious performance among local units and to stimulate units to strive toward some desirable level of operation, as judged by state and national associations. Number of state and national awards received by local ARCs in the past two years are presented in Tables 1.9 and 1.10. More state awards were identified as being received than were national awards — 389 state awards versus 130 national awards.

Table 1.9

Number of Awards Received in Past Two Years
by Local Units from State Associations for Retarded Citizens

Number of Awards	Number of Units	Percentage of Units Receiving Awards	Total Awards Given	Percentage of Awards Given
1	131	59.5	131	32.7
2	55	25.0	110	27.4
3	16	7.3	48	12.0
4	8	3.6	32	8.0
5	4	1.8	20	5.0
6-10	6	2.7	48*	15.0
TOTAL	220		389	
Units not receiving awards or no response	663			

Note: Percentage columns may not total to 100.0 due to rounding errors.
*estimated number

Table 1.10

Number of Awards Received in Past Two Years
by Local Units from NARC

Number of Awards	Number of Units	Percentage of Units Receiving Awards	Total Awards Given	Percentage of Awards Given
1	70	76.9	70	52.2
2	14	15.4	28	20.9
3	4	4.4	12	9.0
4	1	1.1	4	3.0
5	0	0.0	0	0.0
6-10	2	2.2	15*	14.9
TOTAL	91		130	
Units not receiving awards or no response	792			

Note: Percentage columns may not total to 100.0 due to rounding errors.
*estimated number

Among units which did receive awards, fewer than one-sixth reported receiving more than two state awards, while less than 10 percent indicated they had received more than two national awards. Relatively few associations — only 220, or about 25 percent of the respondents — had received either a state or a national honorary award.

United Fund Participation

Table 1.11 shows the extent to which responding units take part in United Fund campaigns. A little over half (56.0 percent) received United Fund support, while 44.1 percent did not. Of the latter, some formerly participated but do so no longer and a few planned to begin participating in future years.

Table 1.11

Participation in
United Fund or Similar Community
Fund-Raising Ventures

United Fund Status	No.	%
Currently Participate	491	56.0
Formerly Participated But No Longer Do	49	5.6
Do Not Currently Participate But Plan to Do So in Future	33	3.8
Do Not Participate	304	34.7
TOTAL	877	
No Response	6	

Note: Percentage columns may not total to 100.0 due to rounding errors.

Other Organizational and Operational Variables

Table 1.12 contains results of responses to eight questions dealing with a variety of organizational and operational variables. These will be reviewed in order of their listing in the table.

Membership meetings. Most ARCs had membership meetings (96.5 percent). The remaining units may be those which are inactive or becoming inactive.

Newsletter. A majority (64.3 percent) of local ARCs reported publishing a newsletter, an important tool in public information and education efforts.

Planning Committee. A majority of ARCs responding had planning committees (63.7 percent).

Organizational Development Committee. About one-third of the local units responding indicated they had an organizational development committee (37.9 percent).

Affirmative Action Plans. Slightly more than one-third (36.4 percent) of ARC units responding had developed affirmative action plans.

Youth ARC. A minority of units, slightly more than one-third (34.7 percent), sponsored Youth ARC groups.

Uniform Standards of Accounting. Slightly less than one-third of ARCs responding to this survey indicated use of the "Uniform Standards of Accounting for Voluntary Health Associations" in maintaining financial records. These standards were developed by the National Health Council, National Assembly of National Voluntary Health and Social Welfare Organizations and the United Way, and were later revised to be in conformity with 1974 standards of the American Institute of Certified Public Accountants.

Table 1.12
Response to Organizational and Operational Variables

Variables	Yes	No	Percentage (Yes)	No Response
1. Association has membership meetings	843	31	96.5	9
2. Association has filed I.R.S. 990 form	677	155	81.4	51
3. Association publishes a newsletter	564	313	64.3	6
4. Association has planning committee	539	307	63.7	37
5. Association has organizational development committee	323	529	37.9	31
6. Association has Affirmative Action Plan	305[a]	452	36.4	46
7. Association sponsors Youth ARC Group	301	366	34.7	16
8. Association uses uniform standards of accounting	240	561	30.0	82

[a]80 additional local units have Affirmative Action Plans in development.

Service Variables

This section includes tabulations on services available in areas served by ARCs. The services may be provided by ARCs or by other organizations and agencies. The tabulations include data on: a) service provision; b) transfer of services; c) service comprehensiveness; d) educational services; e) other services; and f) service composite index.

Service Provision

In 1965, NARC adopted an "Obtain/Provide Policy" which read in part:

> ". . . while member units of NARC may develop and direct service projects for purposes of public education, they will provide such services only on a temporary, contingent and demonstration basis which includes in its stated objectives the shift of operational responsibility to tax-supported agencies or private and independent boards as soon as practical."

The survey item which dealt with provision of services had three parts: a) services provided by the ARC; b) services provided by allied agencies;[1] and c) services provided by non-allied agencies. Respondents were asked to rate each item in terms of "none," "few," "about half," "most," and "all." The results appear in Table 2.1.

Table 2.1
Level of Services Provided by
Local Associations and Other Community Agencies

Level of Services Provided	ARC		Allied Agency		Independent Agency	
	No.	%	No.	%	No.	%
None	367	46.1	413	60.4	173	24.7
Few	182	22.9	145	21.2	171	24.4
Half	100	12.6	41	6.0	107	15.3
Most	98	12.3	42	6.1	143	20.4
All	49	6.2	43	6.3	107	15.3
TOTAL	796		684		701	
No Response	87		199		182	

Note: Percentage columns may not total to 100.0 due to rounding errors.

ARC services. Nearly half (46.1 percent) of local ARCs indicated they provided no direct services to mentally retarded persons. Another 22.9 percent said they provided few services. Thus, over two-thirds of the respondents were not major service pro-

[1]These include independent agencies or corporations with one or more board members named by the local association, wholly or partly owned subsidiaries, and other formally established inter-organizational arrangements.

viders. Roughly an equal number of units provided either half (12.6 percent) or most (12.3 percent) of the services available, while 6.2 percent indicated they provided all services.

Allied agencies. Among respondents, allied boards and agencies were involved to a small extent in service provision. Less than 20 percent of the ARCs indicated that allied organizations operated half or more of the services available.

Independent agencies. Independent agencies were reported to be providing half or more of the services available in 51 percent of the areas served by respondents. In addition, nearly another one-fourth of the ARC service areas (24.4 percent) reported receiving a few services from independent agencies. About the same proportion (26.7 percent) of ARC service areas received no services from independent agencies.

Transfer of Services

The obtain/provide policy calls for the transfer of services begun by ARCs to other agencies once the programs have been adequately developed. Service transfer, or "spin-off" can be carried out in at least two ways. One is to set up independent but allied organizations whose purpose is to operate service programs. A second route is to transfer services to public agencies. Table 2.2 summarizes both types of transfer reported by respondents. Forty percent of the respondents indicated that their ARCs had transferred services to independent agencies. About one-fourth of the local units reported transfers to allied agencies. Thus, a relatively sizable number of associations have had experiences in service spin-offs.

Table 2.2
Transfer of Association Operated Services to Other Agencies

Transfer of Services	Yes		No		In Transition		Total	No Response
	No.	%	No.	%	No.	%		
To Allied Agencies	179	23.1	583	75.2	13	1.7	775	108
To Independent Agencies	293	40.1	416	56.9	22	3.0	731	152

Note: Percentage rows may not total to 100.0 due to rounding errors.

Service Comprehensiveness

Several years ago, at the outset of this study, a survey was undertaken to obtain items which could be described as success measures. That survey revealed that the item rated by executive directors and ARC presidents as most indicative of a successful ARC was the establishment of a comprehensive service delivery system for all mentally retarded persons in the geographical area

the local association served. The data in Table 2.3 summarize results of an item in the current survey designed to roughly estimate the extent to which local ARCs were succeeding by this criterion. A total of 23 (2.7 percent) local associations answered

Table 2.3
Extent of Comprehensive Service Delivery
Systems Availability in Areas Served by Local Associations

Comprehensive Service Delivery Exists	No.	%
No	169	19.7
Some Service Coordination	335	39.0
Network in Development	136	15.9
Most Services Delivered	195	22.7
Yes	23	2.7
TOTAL	858	
No Response	25	

Note: Percentage columns may not total to 100.0 due to rounding errors.

"True, all services are available in a truly comprehensive delivery system." Approximately one-fifth (22.7 percent) said a nearly comprehensive system was in operation. A little under one-sixth (15.9 percent) indicated that an extensive service network was in development. These three groups constitute 41.3 percent of the sample. The majority of units, using only this service index, were clearly "unsuccessful."

Educational Services

The availability of four groups of public school classes and services as determined by enrollment levels are depicted in Table 2.4. The four categories are: a) classes for severely and

Table 2.4
Enrollment of Mentally Retarded Children in Public School Classes*

Level of Enrollment	Severely & Profoundly Retarded		Moderately Retarded		Mildly Retarded		Early Intervention & Infant Stimulation	
	No.	%	No.	%	No.	%	No.	%
None	221	26.3	36	4.3	5	.6	242	30.2
Few	193	23.0	77	9.2	39	4.7	279	34.8
About Half	60	7.2	71	8.4	41	4.9	83	10.4
Most	273	32.5	382	45.4	349	41.7	152	19.0
All	92	11.0	275	32.7	403	48.1	45	5.6
TOTAL	839		841		837		801	
No Response	44		42		46		82	

Note: Percentage columns may not total to 100.0 due to rounding errors.

*These included services provided by non-public schools under public school contracts, or by the state divisions of mental retardation or developmental disabilities.

profoundly retarded; b) classes for moderately retarded; c) classes for mildly retarded; and d) early intervention and infant stimulation classes. These services were provided directly by schools or indirectly through public schools contracting with private providers.

Approximately one-half of the local units (49.3 percent) indicated that "none" or "few" severely or profoundly retarded children were enrolled in publicly supported classes. On the other hand, 78.1 percent indicated that "most" or "all" moderately retarded children were being served in publicly supported classes; 89.8 percent reported that "most" or "all" mildly retarded children were enrolled in such classes. In 75.4 percent of the areas served by respondents one-half or fewer retarded children were enrolled in infant stimulation and the early intervention classes.

Assuming that the range of alternatives, "none," "few," "about half," "most," and "all," represented approximately 0, 25, 50, 75 and 100 percents respectively, it was possible to estimate average enrollments across all ARCs responding to the survey: 44.7 percent of severely and profoundly retarded children, 73.3 percent of moderately retarded children and 83.0 percent of mildly retarded children were enrolled in public classes. An estimated 33.7 percent of preschool retarded children were receiving infant stimulation or early intervention classes. These results are more representative of older, larger and staffed local associations and overestimate enrollments among all ARCs.

Other Services

The next table deals with other services available in areas served by respondents. In Table 2.5, 10 types of services are shown, along with the number and percentage of units indicating the availability of these services.

Vocational training. More than three-fourths (77.1 percent) of responding units reported that vocational training programs existed in their areas. Among the services surveyed, vocational training was the most frequently available.

Diagnosis and evaluation. Almost three-fourths (74.2 percent) of local units responding reported that there was a clearly identifiable agency in the area responsible for diagnostic and evaluation services. The availability of such services was another success indicator (in addition to comprehensiveness of services) selected by state presidents and executive directors in the previous survey.

Metabolic screening. Over two-thirds of the respondents indicated that newborn children in their areas were screened for metabolic defects. Only 4.9 percent responded "no." However, a

Table 2.5
Service Program Availability In Areas Served By Local Associations

Item	Yes No.	Yes %	No No.	No %	In Development No.	In Development %	Total	No Response
Vocational Training	669	77.1	134	15.4	65	7.5	868	15
Diagnostic & Evaluation Agency Available	530	74.2	219	25.8	--	--	849	34
Metabolic Screening	593	69.8	39	4.6	217	25.6	849	34
Nursing Homes Serve As Residences	588	69.6	257	30.4	--	--	845	38
Day Care/ Preschool Program	589	68.6	221	25.8	48	5.6	858	25
Group Homes	440	50.8	303	35.0	123	14.2	866	17
Child or Citizen Advocacy	175	20.7	465	55.0	206	24.3	846	37
Lead Poisoning Prevention	139	16.9	641	77.9	43	5.2	823	60
AC MR-DD Process	108	12.7	626	73.6	116	13.6	850	33
Program Monitoring	98	11.5	693	81.5	59	6.9	850	33

Note: Percentages in rows may not total to 100.0 due to rounding errors.

relatively large number (25.6 percent) indicated they did not know whether or not newborns were screened, even for PKU.

Nursing homes. Over two-thirds of the units (69.6 percent) reported that mentally retarded persons were living in nursing homes in their areas.

Day care/preschool programs. Again, over two-thirds (68.6 percent) reported that day care and preschool programs were available in their service areas.

Group homes. Almost exactly one-half (50.8 percent) of the respondents said that group homes were available in the areas they served. Another 14.2 percent reported that group homes were in the planning stages. It may be noted that more ARCs reported having mentally retarded persons served in nursing homes than in group homes.

Child or citizen advocacy. Only 20.7 percent of the local units reported the existence of child or citizen advocacy projects. Many of these have been intensively studied through NARC's recently completed Child Advocacy Project. However, nearly

one- fourth (24.3 percent) of the local units indicated plans for establishing citizen advocacy programs in the future.

Lead poisoning prevention. About 1 out of every 6 (16.9 percent) of the units reported the presence of a lead poisoning prevention program in their areas. Only a few (5.2 percent) additional units had plans to institute such programs in the future.

AC/MR-DD process. A small number of units (12.7 percent) reported that ARC-operated service facilities had been involved in the process of accreditation through the Accreditation Council for Services for Mentally Retarded and Other Developmentally Disabled Persons. About the same number of units (13.6 percent) reported having future accreditation plans.

Program monitoring. Only slightly more than 1 out of 10 units (11.5 percent) indicated active involvement in some formal process of monitoring community service establishments.

Total Services

Using the items in Tables 2.3 — 2.5, a weighting scheme was devised to develop a composite index of total services available in areas served by ARCs. The distribution is shown in Table 2.6. The average service score was 15.3. This index showed substantial positive correlations[4] with the various service measures.

Table 2.6
Distribution of Total Services "Scores"*

Total Services Score	No.	%
1	1	.1
2	6	.7
3	4	.5
5	21	2.4
10	131	14.9
15	261	29.8
20	268	30.6
25	143	16.3
30	41	4.7
35	1	.1
TOTAL	877	
No Response	6	

Note: Percentage columns may not total to 100.0 due to rounding errors.

*Scores were derived from a weighting system whereby answers to individual questions dealing with services available could be added together for an overall measure of services availability. See text for fuller description of total service scores.

[4]Part-whole correlation coefficients were computed.

Variables Which Discriminate More and Less Successful ARCs

One major purpose of this study was to measure characteristics which were associated with highly successful units and which discriminated them from less successful units. Toward this end, analyses were carried out using three success criteria: a) comprehensive services; b) membership/population (m/p) ratio; and c) membership size. For each analysis, the ARCs were grouped to represent different levels of success for the criterion being studied. Then, applying a statistical procedure called discriminant function analysis, survey items which were related to different levels of success were identified.

Comprehensive services. The survey item dealing with comprehensive services was used to categorize local units into five groups. These corresponded to the five response alternatives given in the survey question:

> Select the response which best describes your geographical area in regard to the following statement:
>
> A comprehensive human services delivery system for all mentally retarded persons exists in my geographical area.
>
> Group 1 Not at all true; some services are available, but they are neither coordinated nor comprehensive.
>
> Group 2 Some services are available on a coordinated basis.
>
> Group 3 An extensive service network is currently in development.
>
> Group 4 Almost all needed services are available on a nearly comprehensive basis.
>
> Group 5 True; all services are available in a truly comprehensive delivery system.

Survey items which related significantly to comprehensive services are listed in column 1 of Table 3.1. Since comprehensive services require the availability of a number of specific services, significant correlations as listed in Table 3.1 are to be expected. Other variables associated with highly successful ARCs include: a) ARC age (older units); b) sponsoring youth ARCs; c) filing 990 forms with Internal Revenue Service; d) participating in AC/MR-DD accreditation; e) the availability of a centralized diagnostic and evaluation agency; and f) attendance at membership meetings. The composite index of services described earlier correlated highly (.78) with this discriminative cluster.

Membership to population (m/p) ratio. Logically, it seems that ARC success could be defined in terms of size of membership relative to the population of the geographical area served by the unit, as opposed to absolute size of membership. One way of equating units with differing size service areas is to divide membership by the service area population. For example, a unit with 100 members in a town of 10,000 would have the same m/p ratio as a unit with 1,000 members in a town of 100,000. However, results of analyses to be presented suggest that the m/p ratio may not be a useful success measure.

Five groups of ARCs were formed on the basis of their m/p ratios:

Group 1	0 —1.49	members per 1000 population served
Group 2	1.50—2.99	members per 1000 population served
Group 3	3.00—4.49	members per 1000 population served
Group 4	4.50—5.99	members per 1000 population served
Group 5	6.00—over	members per 1000 population served

Only eight of the measures used in this study discriminated units varying in m/p ratios. These included: a) population; b) infant stimulation programs; c) lead poisoning programs; d) receipt of state awards; e) the composite service measure; f) vocational training services; g) size of board of directors; and h) day care services. Note that while size of membership did not distinguish units with low m/p ratios from those with high ratios, size of population did.

High m/p ratios appear to be characteristic of units operating in small service areas. The m/p ratio then appears to be essentially a measure of population served rather than membership.

The variables which did discriminate low and high m/p units, with one exception, suggest that this measure is either not useful or a negative success index: High m/p local units had lower total services, smaller boards of directors, fewer day care programs, fewer infant stimulation programs, and fewer vocational training programs than did locals with smaller m/p ratios. When absolute membership size was used as a success measure (as in the next analysis) findings in the opposite direction were observed on several of these same survey items. The one measure on which high m/p locals did score better than lower m/p units was receipt of state awards.

Table 3.1
Variables Discriminating More and Less Successful ARCs

Success Criterion

Comprehensive Services		Membership/Population		Membership	
1. Composite Services	.78	1. Population	.60	1. Meeting Attendance	.70
2. Diagnostic & Evaluation Agency	.34	2. Early Intervention/ Infant Stimulation	.30	2. Population	.67
3. Public Education for Moderately Retarded	.31	3. Lead Poisoning	.26	3. Size, Board of Directors	.67
4. Early Intervention/Infant Stimulation Program	.31	4. State Awards	.25	4. Executive Director	.62
5. Vocational Training Program	.30	5. Service Composite	.25	5. Publish Newsletter	.55
6. Day Care Program	.29	6. Vocational Training Program	.25	6. Year Joined	.51
7. AC/MR-DD Process	.28	7. Size, Board of Directors	.21	7. Affirmative Action	.48
8. Group Homes	.28	8. Day Care Program	.20	8. Composite Services	.46
9. Citizen Advocacy	.26			9. Group Homes	.46
10. Public Education for Severely & Profoundly Retarded	.25			10. Uniform Standards of Accounting	.40
11. Nursing Homes	.22			11. Future Group Homes	.34
12. Meeting Attendance	.22			12. 990 Form Filed	.34
13. 990 Form Filed	.22			13. Number of Persons Served in Day Care Programs	.33
14. Youth ARC	.21			14. Vocational Training Program	.32
15. Year Joined	.21			15. Day Care Program	.31
16. Public Education for Mildly Retarded	.20			16. Child or Citizen Advocacy	.31
17. Future Group Homes	.20			17. Service Spin-off (non-allied agency)	.30
				18. United Fund Participation	.30
				19. Services Provided by ARC	.29
				20. Number of Meetings	.29
				21. Youth ARC	.29
				22. AC/MR-DD Process	.28
				23. State Awards	.27
				24. Planning Committee	.26
				25. Public Education for Severely & Profoundly Retarded	.24
				26. Lead Poisoning	.23
				27. Public Education for Moderately Retarded	.21
				28. PASS Evaluation	.20
				29. M/P Ratio	.20
				30. Screening	.19

Membership. A third measure of success frequently used to gauge ARCs is absolute size of membership. In order to identify survey measures which distinguish among ARCs of different sizes, local units were categorized into five groups as follows:

Group 1 Under 50 members
Group 2 51-100 members
Group 3 100-250 members
Group 4 251-500 members
Group 5 Over 500 members

The most important items discriminating low and high membership local units included: a) attendance at meetings; b) population of area served by ARC; c) size of board of directors, d) executive director; e) publishing a newsletter; f) ARC age (year joined); g) affirmative action plan; h) composite services; and i) availability of group homes. As scores on each of these measures increased, so did membership size.

It is interesting to note a second clustering of variables which appeared to identify "lazy" ARCs operating in large

population areas. The basis for this conclusion was the negative correlations on some variables defining this cluster (Table 3.2). These suggest a pattern of ARCs that have relatively large memberships due more to the large population in their service areas than to ARC activity. These ARCs would be characterized by low m/p ratios, not producing newsletters, not filing 990 forms and fewer vocational training programs. However, the statistical importance of this cluster was relatively small.

Table 3.2
Membership Discriminant Analysis (Cluster 2)

Survey Item/Variable	Correlation with Discriminant Function
1. Population	.500
2. Publish Newsletter (Percentage)	-.446
3. Number of Persons Served in Day Care Programs	.352
4. M/P Ratio	-.323
5. Lead Poisoning (Percentage)	.256
6. 990 Form Filed (Percentage)	-.224
7. Vocational Training Program (Percentage)	-.196

Summary of Discriminative Analyses

Four service measures emerged as indicators of successful ARCs in all three analyses. These were: a) total services available; b) early intervention and infant stimulation programs; c) vocational training programs; and d) day care services. In other words, if one wanted a simple checklist to measure how successful a local association was, the above items would be recommended. Using the latter three items (e.g., early intervention/infant stimulation programs, vocational training programs, and day care services), the percentage of local units in each NARC region having all three services was computed. The results appear in Table 3.3, and reveal substantial variation in the

Table 3.3
Percentage of ARCs Providing Three Specific Services by NARC Regions

Region	No.	%
Northeast	121	20.7
Southeast	187	5.9
North Central	312	22.4
South Central	129	7.8
Northwest	59	15.3
Southwest	75	22.7
TOTAL	883	

Note: Percentage columns may not total to 100.0 due to rounding errors.

extent which units were successful on these criteria. On this three-item checklist, the percentages offering all services varied from 5.9 percent for the Southeast region to 22.7 percent for the Southwest region.

If we wanted to expand the list, there were a number of other items which showed strong discriminative power in one or more analyses, including: a) executive director; b) population of area served; c) size of board of directors; d) service provision by the ARC; e) attendance at meetings; f) publishing a newsletter; g) age of ARC; h) affirmative action plan; i) group homes; and j) use of uniform standards of accounting.

Of course, some of these measures have more usefulness than others. For example, an affirmative action plan is relevant only if an association has a paid staff. Further, an ARC cannot change the population of its service area (unless it redefines its service area) nor its age.

As a test, readers who are members of ARCs may wish to see how many of the following items describe their associations. The more items checked as true, the greater the likelihood that the ARC in question is successful:

_____ A large number of services are available for mentally retarded persons.

_____ Adequate early intervention and infant stimulation are available.

_____ Adequate vocational training programs are available.

_____ Adequate day care services are available.

_____ The local association provides some direct service programs.

_____ The local association has an executive director.

_____ Twelve or more persons serve on the board of directors.

_____ More than 25 persons attend most local meetings.

_____ The local association publishes a newsletter.

_____ Adequate number of group homes for mentally retarded persons are available.

_____ The association uses uniform standards of accounting for bookkeeping.

General Summary

An examination of local Associations for Retarded Citizens reveals great diversity in size, scope of operation and sophistication among them. The majority of local associations, however, have 100 or fewer members, no staff, and are located in areas of 50,000 or less population. ARCs tend to have a relatively small core of active members; while units meet frequently, it is rare that as many as 50 people attend local meetings. A majority of ARCs have relatively small boards of directors, with 11 or fewer persons serving on them. Other majority characteristics include: a) receiving funds from United Way campaigns; b) publishing newsletters; and c) using planning committees. Most associations lack, however, youth ARC programs and organizational development committees and do not use uniform accounting procedures for voluntary agencies.

Approximately one-half of the local member units of NARC provide some direct services to retarded persons and a large minority have transferred ARC service programs to allied or independent agencies at some point in the past. Only a minority of associations, however, have comprehensive service delivery systems in their service areas.

Most associations report that public school classes are available for mildly and moderately retarded children. On the other hand, only a scattering of public classes were available for severely and profoundly retarded children in a majority of areas which local associations serve. Among the most frequently available services were vocational training programs, diagnostic and evaluation services, metabolic screening and day care and preschool programs.

Relatively few associations are involved in child or citizen advocacy programs, lead poisoning prevention, accreditation of services operated by the ARCs or program monitoring.

In the final series of analyses reported, a list of measures was identified as useful in evaluating the relative success of an ARC. These included: a) the availability of a large number of services; b) early intervention and infant stimulation programs; c) vocational training programs; d) day care services; e) direct provision of some services by local associations; f) a paid executive director; g) a relatively large number of persons on the association's board of directors; h) high attendance at local membership meetings; i) publishing a newsletter; j) the availability of group homes; and k) the use of uniform accounting procedures.

In the section which follows, a series of action implications for local associations are presented. These suggested activities are based on the results of this survey as well as ideas found in the NARC publication *The ARC — An Introduction.*

ACTION IMPLICATIONS

The present study contains a number of findings which have relevance to efforts to strengthen the ARC movement at its grassroots level and to improve the lives of mentally retarded persons. Some of these implications are highlighted below:

- Despite the limited income of many ARCs, particularly those in smaller population areas, efforts should be made to bolster salary levels for executive directors. Nearly one-third of the local units reported current starting salaries below $10,000. It is very difficult to attract and **retain** qualified staff at these salary levels, which in part may account for the fact that among units with executive directors, over 40 percent had been in their current position for only 2 years or less. In addition (although not covered in this survey), it is recommended that associations provide certain benefits to their executives, including health and medical insurance and pension plans.

- While about two-thirds of local associations publish newsletters, many do not. A newsletter is an important communication tool that can help to keep members and the public informed about association affairs and to supply information of importance to families and advocates about programs and opportunities that affect mentally retarded persons. Newsletters give mental retardation and the ARC greater visibility.

- About two-thirds of local ARCs have planning committees, but only slightly more than one-third have organizational development committees. Both are vital functions which every ARC should establish, because planning and organization development are keys to organizational health and growth. Nearly two-thirds of the local ARCs responding had no committee to look after such important matters as volunteer and staff training, development of programs to motivate the membership, and related functions.

- Only one-fourth of the local associations responding to the survey reported that most of the services needed for mentally retarded persons were available in a coordinated system in their areas. This suggests that we are a long way from the goal of providing a continuum of options for the nation's mentally retarded citizens, including the right to live in the community. Thus, most ARCs still face substantial challenges in fostering the development of adequate services and in the coordination of services for mentally retarded persons.

- Public school classes for mildly and moderately retarded persons are generally available in most of the areas served

by responding ARCs. This is not true for severely and profoundly retarded children nor is it true that most areas have early intervention and infant stimulation programs. With the passage of federal legislation (P.L. 94-142) mandating that every handicapped child receives a free and appropriate education, the ARCs are armed with a means of greatly expanding educational opportunities for retarded children in the nation's public schools. Already many state and local associations are involved with their public schools in expanding classes to all handicapped children, particularly the severely and profoundly mentally retarded. A second area for major action by local associations is to push strongly for early intervention programs and infant stimulation programs. By identifying very young children who are retarded, or at risk of becoming retarded, and providing them with appropriate intensive intervention programs, the likelihood is great that we can prevent a great many children from ever becoming retarded and can greatly reduce the severity of retardation in others. Yet, based on this survey, no more than a third of preschool children in need of such programs are receiving them.

- Perhaps the area of activity where local ARCs are least active is in the advocate/service monitoring role. Only one in five associations has a child or citizen advocacy program, only about one in eight has been involved in the process of accrediting services and only about one in nine is active in program monitoring. And these are optimistic figures, because non-responding associations are likely to be even less involved than those associations which answered the survey. Yet, the ARC is uniquely suited to be an advocate for mentally retarded persons and to monitor the quality and quantity of programs.

- One of the single best predictors of successful ARCs is the size of the board of directors. While not covered in the survey, a practice of many associations is to bring onto their boards people outside the association who can help the ARC gain greater visibility and success in developing or obtaining services. A larger board permits opportunity for younger persons to develop leadership skills and also expands the number of sources of ideas and creativity available to the association in solving problems and in seeking to accomplish its objectives.

- Another good indicator of organizational strength is size of attendance at local meetings. This variable seems important for at least two reasons. First, membership meetings can serve as a focal point for decision making about the organization and as an educational and motivational forum for

members and the public. Second, meetings are helpful in increasing public visibility and interest in the association. There is a strong need, therefore, for local associations to strengthen their meetings in order to attract more persons. Typically, attendance is woefully small, as indicated in the survey results: almost two-thirds of the units reported an average of less than 25 persons at their meetings.

- Substantial work needs to be done in building youth ARC programs around the country. By involving youth in the ARC movement, a new generation of advocates for and friends of mentally retarded persons is created; greater public acceptance and interest in the problems of people who are mentally retarded is generated; and an infusion of youthful, excited leadership for the association's future years is promoted. Results show that only a third of the local associations responding to the survey sponsored youth ARC groups.

1976
NATIONAL ASSOCIATION FOR RETARDED CITIZENS
LOCAL MEMBER UNIT SURVEY FORM

INSTRUCTIONS

1. Answers should be put in the ANSWERS column to the right of the questions.
2. In multiple choice items you should choose one of the alternatives provided and write the corresponding number in the answer box.

EXAMPLE	What year is this?	ANSWERS
	1. 1975 (2) 1976 3. 1977	2
	Write the number in the box	

3. In most other items, just write the answers in directly on the line to the right.

EXAMPLE	What year is this?	ANSWERS
		1976 Year
	Write the year on the line	

4. Leave blank all items for which you cannot get the information or provide a reasonable estimate.

Association Name	Association Unit No.
Association Address (number & street or P.O. Box No.)	
City or Post Office / State / Zip Code	
Your Name	
Your Address (if different from Association address)	
City or Post Office / State / Zip Code	
Your title or position in your Association	
Please identify by name(s) your geographical area. Is it a city, several towns, a metropolitan area, a county or several counties?	

	ANSWERS
— What is the population of the geographical area served by your association?	Population 3/8-14
— In what year did your association first become a member of:	
• Your State ARC	Year 15-18
• NARC	Year 19-22
— Does your association sponsor a youth ARC group? (Choose one) 1. Yes 2. No	23
If yes-	
• How many years have you sponsored the group?	No. of Yrs. 24-25
• How many youth members do you have?	Number 26-29

	ANSWERS
— In what year was your association first organized?	Year 29-32
— Please put a 1 in the box beside any of the following which applies to your association:	
• Unit serving all retarded citizens in your geographical area	33
• Institutional Unit	34
• Special Interest Group (e.g., Downs Syndrome)	35
• Parent-teacher group for non-residential facility (e.g., workshop)	36
• Auxiliary Unit	37
• Other (Please specify) _____	38

continued

Appendix (Continued)

ANSWERS

- Do you currently have an executive director, secretary or similar paid staff position? (Choose one)
  1. Yes
  2. No
  3. Position vacant

  [ ] 39

  If yes

- Please indicate the starting salary range for the executive position. (Choose one)
  1. Less than $5,000
  2. $5,000 – $7,499
  3. $7,500 – $9,999
  4. $10,000 – $12,499
  5. $12,500 – $14,999
  6. $15,000 – $17,499
  7. $17,500 – $19,999
  8. $20,000 – $22,499
  9. $22,500 – $24,999
  10. $25,000 – over

  [ ] 40-41

- In what year did your association first fill this position?

  If the position is currently filled:

  Year 42-43

- How long has the current holder of the office served in such a capacity?

  No. of Yrs. 46-47

- How many years of experience in mental retardation does this person have?

  No. of Yrs. 48-49

- If you employ any full time administrative and/or professional staff persons (e.g., director, administrative assistant, field representative, business manager, workshop director, teacher, etc.), please indicate how many.

  Number 50-52

- If you employ any full time clerical and other staff persons (e.g., secretary, office clerk, teacher's aide, workshop assistant, bus driver, etc.), please indicate how many.

  Number 53-55

- If you employ any part time staff persons, please indicate how many.

  Number 56-58

- If you have any professional members (such as a nurse, teacher, etc.) who regularly donate time in a staff capacity, please indicate how many.

  Number 59-61

ANSWERS

- If you have any students or Vista volunteers assigned to your association, please indicate how many.

  Number 62-64

- Does your association have membership meetings? (Choose one)
  1. Yes
  2. No

  [ ] 65

  If yes

- How often do you meet –
  1. 10-12 times per year
  2. 8-9 times per year
  3. 6-7 times per year
  4. 3-5 times per year
  5. Twice a year
  6. Once a year

  [ ] 66

- What is the usual or average attendance at membership meetings? (Choose one)
  1. Less than 10
  2. 10 to 24
  3. 25 to 49
  4. 50 to 74
  5. 75 to 99
  6. Over 100

  [ ] 67

- What is your current total number of voting memberships?

  Number 68-71

- Has your association adopted an Affirmative Action plan relating to employment of minority groups, women and the handicapped? (Choose one)
  1. Yes
  2. Plan in development
  3. No

  [ ] 72

- Does your association have an active organizational development committee that meets one or more times a year? (Choose one)
  1. Yes
  2. No

  [ ] 73

- Does your association have an active planning committee that meets one or more times a year? (Choose one)
  1. Yes
  2. No

  [ ] 74

continued

Appendix (Continued)

	ANSWERS
— If your association has received any ARC awards (such as membership, bike bike, research, etc.) during the past two years, please indicate the total number received from: • Your state ARC • NARC	Number 4-6 Number 7-9
— How many persons serve on your Board of Directors?	Number 10-12
— Do you have any Youth ARC members serving on your Board of Directors? (Choose one) 1. Yes 2. No	13
— Do you have any mentally retarded persons serving on your Board of Directors? (Choose one) 1. Yes 2. No	14
— Has your association filed an Internal Revenue Service 990 form Return of Organization Exempt from Income Tax? (Choose one) 1. Yes 2. No	15
— Does your association participate in (i.e., receive funds from) United Fund or similar community wide cooperative fund raising ventures? (Choose one) 1. Yes 2. Did participate at one time, but no longer participate 3. Do not presently participate, but plan to do so in the future 4. No	16
— In maintaining financial records, does your association use the Uniform Standards of Accounting for Voluntary Health Associations? (Choose one) 1. Yes 2. No	17

	ANSWERS
— Do newborn children in your area receive routine tests for inborn metabolic defects such as PKU, galactosemia, etc.? (Choose one) 1. Yes 2. No 3. Uncertain If yes • How many different tests are made? • Are the tests mandatory under state law? (Choose one) 1. Yes 2. No	18 Number 19-20 21
— Do nursing homes or intermediate care facilities in your area serve as residential facilities for mentally retarded and other developmentally disabled persons? (Choose one) 1. Yes 2. No If yes • How many facilities provide this service? • What is the approximate number of mentally retarded and other developmentally disabled persons currently served?	22 Number 23-24 Number 25-27
— Is there a child or citizen advocacy program in your area? (Choose one) 1. Yes 2. In the planning stages 3. No If yes • What is the approximate number of mentally retarded and other developmentally disabled persons currently served in the program? • What is the approximate number of advocates currently participating in the program?	28 Number 29-30 Number 31-32
— Do you have a lead poisoning prevention program in your area? (Choose one) 1. Yes 2. In the planning stages 3. No If yes What is the approximate number of persons screened annually by the program?	33 Number 34-36 Number 37-38

continued

Appendix (Continued)

Please use the descriptors below:

1. None
2. Few
3. About Half
4. Most all
5. All

to answer the following questions about mentally retarded persons (ages 3-21) receiving educational services in your geographical area. (Choose one for each of the following)

- Are severely and profoundly mentally retarded persons enrolled in public education classes?*
- Are moderately ("trainable") retarded persons enrolled in public education classes?*
- Are mildly ("educable") retarded persons enrolled in public education classes?*
- Are mentally retarded persons enrolled in Early Intervention/ Infant Stimulation Programs?*

***NOTE. These may be services provided by non-public schools under public school contracts, or by the state divisions of mental retardation or developmental disabilities.**

ANSWERS

4/44

45

46

47

In addition to programs cited in the previous question, are there day care or pre-school programs specifically designed for mentally retarded and other developmentally disabled children and youth in your area? (Choose one)

1. Yes
2. In the planning stages
3. No

48

If yes,

- What is the approximate number of mentally retarded and other developmentally disabled persons currently served by the program?

Number 49-52

- What age ranges are served?

Youngest

Age 53-54

Oldest

Age 55-56

Are there vocational training or sheltered workshops for mentally retarded and other developmentally disabled persons in your area? (Choose one)

1. Yes
2. In the planning stages
3. No

ANSWERS

57

If yes

- How many workshops are there?

Number 58-60

- What is the approximate number of mentally retarded and other developmentally disabled persons currently served?

Number 61-64

Has your association operated direct services in the past which have been taken over by:

- An independent but ARC allied organization?* (Choose one)

1. Yes
2. Take-over in transition
3. No

65

- A non-ARC allied organization or public agency? (Choose one)

1. Yes
2. Take-over in transition
3. No

66

***NOTE These include independent agencies or corporations with one or more board members named by your association, wholly or partly owned subsidiaries, and other formally established inter-organizational arrangements.**

Does your association publish a newsletter?

1. Yes
2. No

67

If yes

- What is the number of issues published each year?

Number 68-69

- Approximately how many names are on the newsletter mailing list?

No. on list 70-73

4

continued

37

Appendix (Continued)

ANSWERS

- Please use the descriptors below:
  1. None
  2. Few
  3. About half
  4. Most all
  5. All

  to answer the following questions about direct service programs available in your area. (Choose one for each of the following)

  - Of the direct service programs in your area, how many are operated by your association? [ ] 8/9
  - Of the direct service programs in your area, how many are operated by an independent but ARC allied organization? [ ] 9
  - Of the direct service programs in your area, how many are operated by non-ARC allied organizations or public agencies? [ ] 10

- Are there group homes or community based living facilities (other than nursing homes) in your area? (Choose one) [ ] 11
  1. Yes
  2. In the planning stages
  3. No

  If yes

  - How many facilities are there? Number 12-13
  - What is the approximate number of mentally retarded and other developmentally disabled persons currently served? Number 14-17

- If additional group homes are in development or planning stages, please indicate:
  - How many additional homes are planned Number 18-19
  - Approximately how many mentally retarded and other developmentally disabled persons will be served? Number 20-23

- Does your association have a working relationship with one or more Social Security offices? (Choose one) [ ] 24
  1. Yes
  2. Sporadic
  3. No

ANSWERS

- Has your association been, or is it now, actively involved in the accreditation process of the AC/FMR (Accreditation Council for Facilities for the Mentally Retarded) as applied to a facility in your geographical area? (Choose one) [ ] 25
  1. Yes
  2. In the planning stages
  3. No

- Has your association been, or is it now, actively involved in program monitoring with the PASS (Program Analysis of Service Systems) or some other comparable process? (Choose one) [ ] 26
  1. Yes
  2. In the planning stages
  3. No

- Is there a public agency in your area which has primary responsibility for coordinating referrals, diagnoses and evaluations, and other services for mentally retarded and other developmentally disabled persons and their families? (Choose one) [ ] 27
  1. Yes
  2. No

- Select the response which best describes your geographical area in regard to the following statement: (Choose one)

  A comprehensive human services delivery system for all mentally retarded persons exists in my geographical area.

  1. Not at all true; some services are available, but they are neither coordinated nor comprehensive. [ ] 28
  2. Some services are available on a coordinated basis.
  3. An extensive service network is currently in development.
  4. Almost all needed services are available on a nearly comprehensive basis.
  5. True; all services are available in a truly comprehensive delivery system.

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1979-80

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